



# Change Direct Debit Application

STUDENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

COURSE ENROLLED IN: \_\_\_\_\_

**❖ Time frame of change request**

Any changes to payment details must be in writing and submitted to FIT College at least 48 hours prior to the next direct debit. Failure to do so will result in changes unable to be made.

**❖ Minimum payment amounts?**

Minimum payment amounts are \$75 per week or \$150 per fortnight. Any form submitted with amounts showing less than this will be denied unless pre-organised with FIT College

Please complete this form and email to [admin@fitcollege.edu.au](mailto:admin@fitcollege.edu.au) as soon as possible. Alternatively, you can fax it to FIT College (07) 5443 1562

**Current details:** Direct Debit/Bank Account Credit Card**New details:**

Direct Debit

|                 |  |
|-----------------|--|
| Account Name:   |  |
| BSB Number:     |  |
| Account Number: |  |

Credit Card

|                   |  |
|-------------------|--|
| Card Holder Name: |  |
| Card Number:      |  |
| Expiry Date:      |  |
| CCV:              |  |

I authorise you to make the above changes to my direct debit with FIT College.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If details provided are not in the student's name, please complete the following;**

I authorise FIT College to debit payments from the nominated account above:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

RTO 31903



Change payment schedule to: Weekly  Fortnightly  Monthly

Date of next payment: \_\_\_\_\_ (must be within 7 days of this application)

Payment amount: \_\_\_\_\_

(Minimum payment amounts are \$75 per week or \$150 per fortnight. Any form submitted with amounts showing less than this will be denied unless pre-organised with FIT College)

I would like to change the schedule of my payments:

Currently paying: \$\_\_\_\_\_ Weekly  Fortnightly

I would like to pay: \$\_\_\_\_\_ Weekly  Fortnightly

(Minimum payment amounts are \$75 per week or \$150 per fortnight. Any form submitted with amounts showing less than this will be denied unless pre-organised with FIT College)

### Statement

I declare that the information provided in this form is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN THIS FORM TO [admin@fitcollege.edu.au](mailto:admin@fitcollege.edu.au)

This form needs to be returned 48 hours prior to your next payment for any changes to be made.

### FIT College Office Use Only

Change completed  Denied

RTO Manager: \_\_\_\_\_ Date: \_\_\_\_\_

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